

**See Instructions and *Privacy
Statement On Reverse Side**

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CLAIMANT'S NAME Steve Spears			SSN or EMPLOYEE NUMBER*		DEPARTMENT CalHFA	
POSITION Acting Executive Director		CB/ID No. EX	DIVISION or BUREAU Executive Office			INDEX NUMBER 1000
RESIDENCE ADDRESS * On file			HEADQUARTERS ADDRESS 1415 L Street, Suite 500			TELEPHONE NUMBER (916) 324-4638
CITY Sacramento		STATE CA	ZIP CODE 95814			

(1) NORMAL WORK HOURS 8:00 to 17:00	(2) PRIVATE VEHICLE LICENSE NUMBER [REDACTED]	(3) MILEAGE RATE CLAIMED 0.550
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(4) MONTH/YEAR June 09		(6) LOCATION WHERE EXPENSES WERE INCURRED	(7) LODGING	(8) MEALS			(9) INCIDENTALS	(10) TRANSPORTATION					(11) BUSINESS EXPENSE	(12) TOTAL EXPENSES FOR DAY
(5)				BREAK-FAST	LUNCH	O.T., L.T. N/C, RELO. OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE			
DATE	TIME										MILES	AMOUNT		
6/14	19:00	Sacramento to Los Angeles (r.t.)	295.49						42.00	25.00	13.75		351.24	
6/15		Los Angeles	295.49			18.00			42.00		0.00	* 56.38	411.87	
6/16		Los Angeles	295.49			18.00			42.00		0.00	** 12.99	368.48	
6/17	19:00	Los Angeles to Sacramento					13.65			25.00	13.75	*** 3.28	30.68	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
(13) SUBTOTALS			886.47	0.00	0.00	36.00	0.00	13.65		126.00	50.00	27.50	72.65	1,162.27
COLUMN CODE (ACCTG. USE ONLY)														

CLAIM TOTAL	\$1,162.27
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(14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)

6/14-17 ~ National Council of State Housing Agencies Housing Credit Conference ~ Los Angeles, CA (Century Plaza Hyatt Regency Hotel) and CalHFA Culver City office visit

Parking charges (42.00 daily charges are 33.00 hotel parking plus 9.00 Sac Airport parking ~ three days of each) :

* Business expenses for telephone + FAX = \$56.38

* Internet charges @ hotel - 12.99




* Business FAX = \$3.28

AGENCY ACCOUNTING OFFICE
USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

728115
6/30/09

(15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S SIGNATURE 	DATE 6/30/09	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT 	DATE 6/30/2009
(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse) 			DATE 7/9/2009